

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0015440

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 128

FILED MAY 9 1966

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		Length of stay in 1b 36 YEARS	c. CITY OR TOWN CLINTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLINTON GENERAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE #1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ABBY Middle T. Last GREGORY		4. DATE OF DEATH Month MAY Day 2 Year 1966	
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-21-1895 9. AGE (last birthday) 70 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and state or country) WEAUBLEAU, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME SEWARD E. GUILLEN		13b. MOTHER'S MAIDEN NAME LAURA T. DUNSTON	14. NAME OF HUSBAND OR WIFE JESS GREGORY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-36-5724	17. INFORMANT JESS GREGORY Address RURAL ROUTE #1 CLINTON, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Overdose of Quinal and Placidyl 22 hrs DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 20 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 5-1-66 to 5-2-66 and last saw her/him alive on 5-2-66 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James Smith MD</i>		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 5-3-66
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 5-1966	23c. NAME OF CEMETERY OR CREMATORY CARRSVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) CARRSVILLE, MISSOURI
24. FUNERAL DIRECTOR R.E. NICHOLS CHAPELS-CLINTON, MO		25. DATE RECD. BY LOCAL REG. May 3, 1966	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.